		OMB#: 2050-0024 Expires 10/31/2007						
SEND COMPLETED FORM TO:	United States Environmental Protection Agency							
The Appropriate State or EPA Regional Office.	RCRA SUBTITLE C SITE IDENTIFICATION FORM							
1. Reason for	Reason for Submittal:							
Submittal (See instructions on page 9)	☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)							
MARK ALL BOWER	☐ To provide Subsequent Notification of Regulated Wa	iste Activity (to update site identification information)						
MARK ALL BOX(ES) THAT APPLY	☐ As a component of a First RCRA Hazardous Waste	Part A Permit Application						
	☐ As a component of a Revised RCRA Hazardous War	ste Part A Permit Application (Amendment #						
	As a component of the Hazardous Waste Report							
2. Site EPA ID	EPA ID Number							
Number (page 10)	IAD073489							
3. Site Name (page 10)	Name: Industrial Laminat	res/Norplex Inc						
4. Site Location	Street Address: 665 Ly brane							
Information (page 10)	City, Town, or Village:	State:						
	County Name: Allamakee	Zip Code: 57/2 0677						
5. Site Land Type (page 10)	Site Land Type: Private County District	27162 09/1						
6. North American Industry Classification	A. 32613							
System (NAICS) Code(s) for the Site (page 10)	C. D.	463128						
7. Site Mailing	Street or P. O. Box:	RCRA RECORDS						
Address (page 11)	City, Town, or Village:							
	State:							
	Country:	Zip Code:						
8. Site Contact	First Name: Scott	D Last Name: /						
Person (page 11)	Phone Number: 563 - 864 - 4227 Extension:	E-majl address:						
9. Operator and	A. Name of Site's Operator:	Sloven @ norplex-micarta.C						
Legal Owner of the Site	Tradistria Laminates/Nor dex 1 Operator Type: Operator October 1 Operator Type: Operator October 1 Operator Type: Operator:	Date Became Operator (mm/dd/yyyy): 9-(5-1996						
(pages 11 and 12)	- County a District of	Federal Indian Municipal State Other						
	B. Name of Site's Legal Owner:	Date Became Owner (mm/dd/yyyy):						
	Owner Type: Serivate County District Fee	deral Indian Munidipal State Other						

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9. Legal Owner	Street or P. O. box:	1	0/	7.1	· · · · · ·	OMB#: 2050-0024 Expires 10/31/20			
(Continued)	City, Town, or Village		01	601	umbja	Road			
Address	State: 1	· 1/10	orv	15 to	wy				
	10.	20 1							
	Country:	SA				Zip Code: 07962			
10. Type of Regulated Mark "Yes" or "No	Waste Activity ' for all activities; comp	olete any	/ addi	tional boxes	as instructed	d. (See instructions on pages 13 to 16.)			
A. Hazardous Was									
YXN□ 1. Generator				22	YONO:	2. Transporter of Hazardous Waste			
If "Yes", ch	oose only one of the fo	ollowing	- a, b,	or c.					
a. LQG:	Greater than 1,000 kg/r	no (2.200) lhs /r	no 1	YONO:	3. Treater, Storer, or Disposer of			
· ·	of non-acute hazardous	s waste;	or	110.)		Hazardous Waste (at your site) Note: A hazardous waste permit is required for			
□ h sog:	100 to 1 000 kg/mg (22	2 2 200	. 11			this activity.			
<u> </u>	100 to 1,000 kg/mo (22 of non-acute hazardous			10.)	V N 1	A Provider of Hammilton Market			
D 0500					1 14 14 12 -	 Recycler of Hazardous Waste (at yo site) 			
☐ c. CESU	QG: Less than 100 kg/mg of non-acute hazard					·			
	of flori doute fluzzard	Uus wası	е		YUND !	5. Exempt Boiler and/or Industrial Furnace			
In addition, i	ndicate other generator	activitie	es.			If "Yes", mark each that applies.			
Y □ N 🖎 Unite	d States Importer of Haz	ardoue M	Innto	,		a. Small Quantity On-site Burner			
·						Exemption			
Y ☐ N Spce. Mixed	d Waste (hazardous and	radioacti	ve) Ge	nerator		b. Smelting, Melting, and Refining Furnace Exemption			
					YDND	6. Underground Injection Control			
B. Universal Waste	e Activities				C. Used Oil Activities				
Y□N⊠ 1. Large Quar	titv Handler of Univers	al Waste	Jacon	ımıılata	Mark all boxes that apply.				
5,000 kg or	more) [refer to your St	ate regu	lation	s to	YONG'1	Used Oil Transporter			
determine v	vhat is regulated]. Indi	cate type	es of u	niversal	7	Y N N 1. Used Oil Transporter If "Yes", mark each that applies.			
waste gene mark all bo	rated and/or accumulat kes that apply:	ted at yo	ur site	e. If "Yes",		☐ a. Transporter			
		enerate	Acc	umulate		☐ b. Transfer Facility			
a. Batteries				_	Y D N DK2	. Used Oil Processor and/or Re-refiner			
			-		,	If "Yes", mark each that applies.			
b. Pesticides						☐ a. Processor☐ b. Re-refiner			
c. Thermosta	ts —								
d. Lamps					Y D N DK3.	. Off-Specification Used Oil Burner			
	cify)	-			Y - N 5/4.	Used Oil Fuel Marketer			
	cify)	-			(Used Oil Fuel Marketer If "Yes", mark each that applies.			
g. Other (spe	cify)	. 🗆		=	**	 a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner 			
Y 🗆 N 🗷 2. Destination Note: A hazar	Facility for Universal V	Vaste pe require	ed for t	his activity		□ b. Marketer Who First Claims the Used Oil Meets the Specifications			

EPAID NO: ITHU 073	48191121	1818		OMR#: 2050-002	4 Expires 10/31/200
11. Description of Hazardous Waster	s (See instruction	ns on page 17.)			+ Expires 10/31/200
A. Waste Codes for Federally Reg handled at your site. List them in additional page if more spaces an	the order they are	s Wastes. Please li	st the waste codes gulations (e.g., D00	of the Federal haza	ardous wastes 12). Use an
D001 D002	D007	0008	0009	0018	0035
F03 F05	Cboz	0122	0154	0159	U220
B. Waste Codes for State-Regulate hazardous wastes handled at you more spaces are needed for wast	i oito. List incili ili	eral) Hazardous Wa	stes. Please list the register of the register	ne waste codes of the gulations. Use an a	le State-regulated dditional page if
12. Comments (See instructions on p	page 17.)				
,					
				·	
					
			· · · · · · · · · · · · · · · · · · ·		
	,				
	·				
		-			
13. Certification. I certify under penalt in accordance with a system designed to on my inquiry of the person or persons winformation submitted is, to the best of menalties for submitting false information (See instructions on page 17.)	who manage the sy	stem, or those personal /stem, or those personal	rly gather and eval	uate the information sible for gathering th	submitted. Based
Signature of operator, owner, or an authorized representative	Name and Offic	cial Title (type or pr	int)		Date Signed (mm/dd/yyyy)
All Thom	Scoth	Loven	HSFE ,	Mgr	03/01/20x
					, ,
EPA Form 8700-13 A/B (Revised 10)	/2005)				

BEFORE COPYING FORM, ATTACH SITE _NTIF	1	OMB#: 2050-0024 Expires 10/31/200						
OR ENTER:		J.S. ENVIRONMENTAL						
SITENAME: Industrial Lami		PROTECTION AGENCY						
INorpley INC		FORM	2005 Hazardous Waste Report					
EPAID NO: IIAD (0713 4819) 2		GM	WASTE GENERATION					
		AND MANAGEMENT						
Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.								
Sec. 1 A. Waste description Tanitable resin 1 sol	vent 11.	v+	See cleans					
B. EPA hazardous waste code FIDIOIST FO	1013	C. State hazard	ous waste code					
		}						
D. Source code	E. Form code	F. Quantity gen	erated in 2005 G. UOM					
Management Method code for Source code G25	[w1303		3121713316161					
			Density					
[H]			L					
Co. O. W.			□ lbs/gal □ sg					
Sec. 2 Was any of this waste managed on site? (pa	,							
V.2 No (SKIP TO SEC. 3)	:55 SYSTEM 1)							
ON-SITE PROCESS SYSTEM 1	ON-SITE PROC	ESS SYSTEM 2						
On-site Management Quantity treated, disposed recycled on site in 2005	On-site Manage Method code							
[#] [] [] [] [] [] [] [] [] []	<u>ا.</u> ا	[H]						
Sec. 3 A. Was any of this waste shipped off site i	in 2005 for treatme No (FORM IS CO	ent, disposal, or re DMPLETE)	ecycling? (pages 25 and 26)					
Site 1 B. EPA ID No. of facility to which waste was shipped	C. Off-site Ma	anagement Metho	d D. Total quantity shipped in 2005					
KY10 0513 1348 11018	code Shipp		1132123361.10					
		061						
Site 2 B. EPA ID No. of facility to which waste was shipped	C. Off-site Ma	anagement Metho ped to	d D. Total quantity shipped in 2005					
	[H]							
Site 3 B. EPA ID No. of facility to which waste was shipped	C. Off-site Ma	anagement Metho	D. Total quantity shipped in 2005					
	[H]							
Comments:								
			REC'D					
			MAR 0 3 2006					
		RESP						
EPA Form 8700-13 A/B (Revised 10/2005)			Page L of _\$\frac{1}{3}					

BEFORE COPYING FORM, ATTACH SITE _NTIFICATION LABEL					4 Expires 10/31/2007				
BEFORE COPYING FORM, ATTACH SITENTIFICATION LABEL OR ENTER:				J.S. ENVIRON					
SITE NAME: Industrial Laminates				PROTECTION	AGENCY				
/Norplex Inc			FORM	2005 Hazardous V	Vaste Report				
	710072018-0	~ 0	GM	WASTE GENE	RATION				
EPA ID	NO: IAO 0734892	å å r		AND MANAG					
Instruct	Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.								
Sec. 1	A. Waste description S+1/1 Bo-	ttoms;	From	hotel Still					
B. EPA	hazardous waste code Foo 3 Fo	05		dous waste code					
D. Sou	rce code	E. Form code	F Quantity go	nerated in 2005					
	[e. D.]	[w12010]			G. UOM				
Ma	nagement Method code for Source code G25	L		11/01/19191.19	Doneitu				
	LHIII				Density				
					□ lbs/gal □ sq				
Sec. 2	Was any of this waste managed on site? (page)								
	☐ 1 Yes (CONTINUE TO ON-SITE PROCE 15K2 No (SKIP TO SEC. 3)	SS SYSTEM 1)			241.0				
	E PROCESS SYSTEM 1		ON-SITE PRO	CESS SYSTEM 2					
Method	- 5, 5.55 5.7 5.15 1.7 2500		On-site Management Quantity treated, disposed, or recycled on site in 2005						
LHT.			[HTTT]						
Sec. 3		n 2005 for treatme No (FORM IS CO	nt, disposal, or r MPLETE)	ecycling? (pages 25 and 26)	7				
Site 1	EPA ID No. of facility to which waste was shipped	C. Off-site Ma	nagement Meth	od D. Total quantity shi	pped in 2005				
	KYD 1953 348 11018	code Shipp	96 ₁ 1 ₁	L11110	1/19171.10				
Site 2	B. EPA ID No. of facility to which waste		nagement Metho	od D T-t-l					
	was shipped	code Shipp	ed to	Jan quartary Sin	·				
		[H]			<u> </u>				
Site 3	 B. EPA ID No. of facility to which waste was shipped 	C. Off-site Ma	nagement Metho	D. Total quantity shi	pped in 2005				
Comments:									
					~				
EPA Form 8700-13 A/B (Revised 10/2005)									

BEFORE COPYING FORM, ATTACH SITE NTIFICATION LABEL OR ENTER:		OMB#: 2050-0024 E						
SITE NAME: Industrial Laminates		PROTECTION AC	GENCY					
INorpley INC	FORM	2005 Hazardous Wa	ste Report					
EPAID NO: JAID 19713 141819 1218181	GM	WASTE GENERA AND MANAGEN						
Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.								
Con 4 A Monte descripti								
B. EPA hazardous waste code FOOS FOOS	C. State haza	SIN & Cleanup Solu	ient .					
		1						
D. Source code E. Form code	F. Quantity ge	nerated in 2005	. UOM					
Management Method code for Source code G25		11.13.6.0.8.10						
[H]		·	Density					
			□ lbs/gal □ sq					
Sec. 2 Was any of this waste managed on site? (pages 24 and 25)								
□ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) 1								
ON-SITE PROCESS SYSTEM 1	ON-SITE PRO	CESS SYSTEM 2						
On-site Management Quantity treated, disposed, or Method code recycled on site in 2005	On-site Manag Method code	gement Quantity treated, disprecycled on site in 20	oosed, or 05					
[H]	[H]		<u></u> .					
Sec. 3 A. Was any of this waste shipped off site in 2005 for treatme	nt, disposal, or MPLETE)	recycling? (pages 25 and 26)						
was snipped code Shipp	nagement Meth	The qualitary of appe						
1/ 1/1/ 0/2 344 / 1 2 1	0,6,(1718	1081.10					
Site 2 B. EPA ID No. of facility to which waste was shipped C. Off-site Ma code Shipp	nagement Meth	od D. Total quantity shippe	ed in 2005					
			L.L.					
Site 3 B. EPA ID No. of facility to which waste was shipped C. Off-site Ma code Shipp	nagement Meth	od D. Total quantity shippe	ed in 2005					
			L.L.					
Comments:								
EPA Form 8700-13 A/B (Revised 10/2005)			Page Sof 5					

BEFORE COPYING FORM, ATTACH SITE INTIFICATION ENTER: SITE NAME: Industria Lami		OMB#: 2050-0024 U.S. ENVIRON PROTECTION				
/Norplex Inc		FORM	2005 Hazardous V WASTE GENE			
EPAID NO: JAD 017131418191 218	0181		AND MANAG	EMENT		
Instructions: Please see the detailed instructions on pag	ges 18 to 26 of ti	his booklet before	a completing this to			
Sec. 1 A. Waste description	7		e completing this form.			
Solid re	Sin 14	_drun	2			
B. EPA hazardous waste code FIOOS FOO	25		lous waste code			
	2					
D. Source code	E. Form code	F. Quantity gen	erated in 2005	G. UOM		
LG L LG L LG L LG L LG L LG L LG LG LG L	LW1410131		1 62051.	G. DOM		
[H]				Density		
				□ lbs/gal □ sq		
Sec. 2 Was any of this waste managed on site? (pages	s 24 and 25)			156/gdi		
1 Yes (CONTINUE TO ON-SITE PROCESS No (SKIP TO SEC. 3)	S SYSTEM 1)					
ON-SITE PROCESS SYSTEM 1 On-site Management Quantity treated, disposed or			ESS SYSTEM 2			
Method code recycled on site in 2005	1.1	On-site Management Method code Quantity treated, disposed, or recycled on site in 2005		disposed, or 2005		
[H]		[H]				
	2005 for treatmer c (FORM IS COM	nt, disposal, or re MPLETE)	cycling? (pages 25 and 26)			
Site 1 B. EPA ID No. of facility to which waste was shipped	C. Off-site Mar	nagement Method	d D. Total quantity ship	oped in 2005		
KIYID 0053 348 408		06.1	6	20151.19		
Site 2 B. EPA ID No. of facility to which waste was shipped	C. Off-site Mar code Shippe	nagement Methoded to	daning Still			
	[H]					
Site 3 B. EPA ID No. of facility to which waste was shipped	C. Off-site Mar	nagement Methoded to	and quarting of the			
				<u> </u>		
Comments:						
				29		
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OR ENTER		2	U.S. ENVIRONN PROTECTION A	IENTAL				
SITE NAME: Industrial Laminates			БОРИ	2005 Hazardous Wa				
EPAID NO: IAD 10713 4819124818			FORM GM	WASTE GENER AND MANAGE				
Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.								
Sec. 1 A. Waste description Melamine resin/solvent fwater from treater clean cp B. EPA hazardous waste code FOOS FOOS C. State hazardous waste code								
D. Source code LG Source code Management Method code for Source code G25			F. Quantity generated in 2005 G. UOM Density					
	as any of this waste managed on site? (pages 1) 1 Yes (CONTINUE TO ON-SITE PROCE 2) 2 No (SKIP TO SEC. 3)	ges 24 and 25) SS SYSTEM 1)			□ lbs/gal □ sg			
ON-SITE PI	ROCESS SYSTEM 1		ON-SITE PROC	CESS SYSTEM 2				
On-site Mai Method cod	de recycled on site in 2005		On-site Management Quantity treated, disposed, or recycled on site in 2005					
[H]]]			[H]]]					
Sec. 3 A.	Was any of this waste shipped off site in 100 1 Yes (CONTINUE TO BOX B) □ 2	n 2005 for treatme No (FORM IS CO	ent, disposal, or re MPLETE)	ecycling? (pages 25 and 26)				
Site 1 B.		C. Off-site Ma	inagement Metho	od D. Total quantity shipp	ed in 2005			
/ <u>k</u>	(4.0 053 3.48 40.8	code Ship;	oed to		430,0			
Site 2 B.	EPA ID No. of facility to which waste was shipped	C. Off-site Ma	nagement Metho	D. Total quantity shipp	ed in 2005			
. L		[H]			<u> </u>			
Site 3 B.	EPA ID No. of facility to which waste was shipped	C. Off-site Ma	nagement Metho	od D. Total quantity shippe	ed in 2005			
Comments:								
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